

WHAT I LEAVE BEHIND IN A TYPHOID CASE

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It is frequently my experience to leave a typhoid patient as soon as the fight for life is over, and while there is still some time before she can leave her bed. In each case I have known the fact long enough before going to give full instructions, and this is the way I go about it.

I choose the member of the family who has been my most efficient helper. Beginning with the cleansing of the mouth, I show her carefully how to perform the routine tasks of the morning. Since this is a journal for nurses—graduate and pupil—it is quite unnecessary to go into the detail, as that is—or should be—understood. I do not keep the assistant in the room the entire morning, for that would often be trying for the patient, but let her help with the very early tasks one day, and the next assist with the enema, and possibly the bath. The lessons must be regulated according to the strength and condition of the patient.

The instruction for the enema must be very carefully given; the temperature, preparation and just how to insert the point or large soft rubber catheter if that is left in place of the high rectal tube. Caution must be given against force in inserting the tube and against high pressure, for the tissues of the bowel and rectum are very tender to say the least.

The lesson of the bed pan is by no means unimportant. As the majority of the bed pans in my practice are the old-fashioned kind—like a dust pan—it requires careful instruction how to place one and protect the bed and bedding by a thick pad of newspapers under the pan and a folded piece of paper set in the pan just in front of the patient, forming what my patients often call a “dash-board.” I show my assistant how to thoroughly and modestly clean the patient, without exposure and without fatigue to her. The deft pupil will watch every move you make and carefully do what you ask of her, while you are talking of other things, and outside you can answer any questions or explain anything she should know. Usually the next day comes the bath, the alcohol rub and changing the linen. This last is not new, for the assistant has helped me before and knows how it should be done when she has charge. The hand solution and disinfecting the excretions, have also been learned long ago, for the first thing I do for the family is to caution each to thoroughly cleanse the hands every time she leaves the sick room.

I have my successor give the medicines the last day so that she

will become thoroughly acquainted with the various kinds and know just how they come. Sometimes there are several, sometimes only one.

I give careful directions concerning fresh air and temperature of the room, for there is no longer fever and the temperature must be even. I also explain the necessity of giving water every two to four hours. Occasionally I teach the reading of the thermometer and how to take pulse, but if both are running normal or a bit below, the physician usually does not care for this from one of the family.

Decidedly the most important thing to leave behind is the diet instruction. This, of course, is strictly under the doctor's order, but the nurse has much to do to impress upon the family—and her successor in particular—the necessity of giving absolutely nothing more than the physician prescribes, and the great danger in disobeying his order in the slightest degree. I show how to prepare the nourishment given at the time I leave, and the exact amount. I also teach my successor how to make a few soft diets that will be allowed first, and how to broil a steak, for I find few people who know how to do this for the sick (or well).

The preparation of the patient for, and the care through the night are very essential. She will need nourishment and stimulations—perhaps only once or twice, according to the order. The temperature of the room must be kept even, especially during the early morning hours and the patient warm. In the preparation of the patient for the night, I find that a good hot sponge of sea-salt, normal salt or even plain hot water, is one of the best nerve sedatives I know. This followed by the alcohol rub and a hot nourishment—milk, egg-nog, cocoa, broth or anything that can be taken in liquids—leaves no depression and is very restful to the nervous typhoid convalescent, or one suffering from shattered nerves through any cause.

Using my assistant as a model I give her an object lesson in slowly elevating the patient to a sitting position in bed, and just how to get her out in a chair the first few times.

The care of the hair through convalescence is a hobby of mine. Before I leave, as soon as I can do it without overtaxing the patient's strength, I thoroughly cleanse the head and hair with alcohol; taking a part of the hair at a time. I then apply a good hair tonic with gentle massage, and the treatment is very soothing. In this way the hair never all comes out at once, and the new hair is vigorous and grows rapidly. Often considerable of the old hair regains its health and is not lost.

These instructions require painstaking care and time, but in every case I have found my assistant eager to learn; she has faithfully followed my directions, and her charge has made a fine recovery.